

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213559944						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: EXXON MOBIL CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NJ</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F0259434</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>9,000,000,000</td> </tr> <tr> <td>PREFER</td> <td>200,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	9,000,000,000	PREFER	200,000,000
CLASS	AUTHORIZED							
COMMON	9,000,000,000							
PREFER	200,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 5959 LAS COLINAS BOULEVARD</p> <p style="text-align: center;">CITY/ST/ZIP: IRVING, TX 75039-2298</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: S. JACK BALAGIA TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: S. JACK BALAGIA TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR				
NAME: S. JACK BALAGIA TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DR. MICHAEL J. BOSKIN TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DR. MICHAEL J. BOSKIN TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: DR. MICHAEL J. BOSKIN TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PETER BRABECK-LETMATHE TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PETER BRABECK-LETMATHE TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: PETER BRABECK-LETMATHE TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: URSULA M. BURNS TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: URSULA M. BURNS TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: URSULA M. BURNS TITLE: DIRECTOR ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KENNETH P. COHEN TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KENNETH P. COHEN TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR				
NAME: KENNETH P. COHEN TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR							

NAME:	WILLIAM M. COLTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	MICHAEL G. COUSINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	THERESA M. FARIELLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	MALCOLM A. FARRANT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	DR. LARRY R. FAULKNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	JAY S. FISHMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	HENRIETTA H. FORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	ROB S. FRANKLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	KENNETH C. FRAZIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	WILLIAM W. GEORGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		

NAME:	STEPHEN M. GREENLEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	ALAN JOHN KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	PATRICK T. MULVA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	SAMUEL J. PALMISANO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	STEPHEN DENNIS PRYOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	STEVEN S REINEMUND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	DAVID S. ROSENTHAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	DAVID S. ROSENTHAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	ROBERT N. SCHLECKSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		
NAME:	ROBERT N. SCHLECKSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY		
CITY/ST/ZIP/CO:	5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M. SPELLINGS VICE PRESIDENT C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REX W. TILLERSON PRESIDENT C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS R. WALTERS VICE PRESIDENT C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C. WELDON DIRECTOR C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD E. WHITACRE DIRECTOR C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF J. WOODBURY VICE PRESIDENT C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARREN W. WOODS VICE PRESIDENT C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL WEBB ASST SECRETARY C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOEL WEBB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOEL WEBB, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/18/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			